District: _____ District Number: _____

Special Education Cooperative: _____

Contact Person: _____ Phone Number: _____

Principal: _____ Date of Request: _____

Kentucky Department of Education
Division of Exceptional Children Services

NOTICE OF SHORTNENED SCHOOL DAY
SCHOOL YEAR 2006-2007

STUDENT DATA:
NAME: _____ AGE: _____ DISABILITY _____

TEACHER DATA:
NAME: _____ SOCIAL SECURITY # _____

GRADES TAUGHT: _____ SPECIAL EDUC CODE: _____

SCHOOL: _____ CLASSROOM TYPE: _____

1. What is the typical beginning and ending time for students in this school?

   BEGINNING TIME: _____ ENDING TIME: _____

2. What are the beginning and ending times for this student?

   BEGINNING TIME: _____ ENDING TIME: _____

3. Describe the reason(s) why this student requires a shortened school day:

4. Is this student returning to school after being in a Home/Hospital Instruction Program?

   Yes _____ No _____

If yes, please describe circumstances:

5. Identify steps the ARC will take to promote full attendance for this student in the future?

6. Has a shortened school day been requested for this student in previous school years?

   Yes _____ No _____

   If yes, list the previous school year(s):

7. Is there a signed Physician statement:: Yes_____ No_____

**********IMPORTANT**********

The district must maintain the following documentation for all Shortened School Days approved by the Local Board of Education:

- Approval by the Local Board of Education (**STUDENT CONFIDENTIALITY** procedures **MUST** be followed when listing student information in the Local Board Minutes.);
- Minutes of the ARC meeting documenting the ARC decision that a shortened school day is needed;
- A copy of the student's IEP documenting the shortened school day; and
- A copy of the Physician statement of the medical need.

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FOR LOCAL USE ONLY

LOCAL BOE APPROVED: _____ DATE: _____
(YES/NO)

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FOR KDE USE ONLY

NOTICE NO: _____ DATE: _____

RECEIVED AT KDE: _____ DATE: _____
(Reviewer's Initials)